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ABSTRACT

Despite the increased emphasis on family-oriented approaches to prevention of alcoholism, most programs continue to be implemented within the school systems. To assess family and community needs in Lewiston, Idaho, 150 randomly selected adults (50% male) were surveyed by telephone. The survey focused on residents' perceptions of alcoholism and drug abuse, interest in family-oriented prevention programs, and methods of improving programs to increase public interest and attendance. Results of the survey (81% response rate) showed that the majority of respondents saw alcoholism (66%) and drug abuse (67%) as serious problems among youths in their community. Most respondents (75%) viewed prevention as more important than treatment, and more than 90% of the respondents stated a need for such prevention services in their community. Eighty percent of the respondents felt prevention responsibility rests with parents. Married individuals and those with children stated they would be more likely to attend proposed intervention programs, e.g., puppet shows, workshops, and presentations, and felt the probability of attending could be increased by offering child care and having community experts (doctors, lawyers, and ministers) present information. These findings support family-oriented approaches to prevention and illustrate how marketing techniques can improve service delivery. (BL)

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MARKETING OF PREVENTION SERVICES

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Introduction

Interest in family-oriented approaches to the prevention of alcoholism has grown in recent years. This growth has occurred in part because school-based programs have not demonstrated that they can effectively modify teenagers' attitudes and expectations about drinking (Blane, 1976). In addition, other research which suggests that children are more exposed to and more aware of alcohol than was usually supposed has led prevention researchers and professionals to an increasingly greater focus on the family as the best medium for primary prevention.

Despite the increased emphasis on family-oriented approaches to prevention in theory, most actual programs aimed at children continue to be implemented through the general or health-related school-curriculum, a seeming contradiction of theory and practice. One explanation for this contradiction is that family-oriented approaches are much more difficult to implement successfully than school-based ones. While the schools offer a captive client group, family-oriented approaches must attract participants from the community. The recruitment of participants for family-oriented prevention services presents an analogy to the situation faced by many nonprofit organizations. We suggest that this problem is best viewed as a marketing problem. In other words, how can service providers ensure that the "customer" will "buy," or otherwise use these services?

Successful recruitment for family-oriented prevention services depends upon the perceived benefits of participation in relation to the perceived

costs of participation. The greater the perceived value of the service, and the lower the perceived costs of participating, the more likely individuals are to participate. While the benefits of such programs are often perceived as important and beneficial by the service providers, they are often perceived as requiring too much of a commitment of free time in exchange for negligible benefits by potential participants. This suggests that providers of prevention services must do a better job of marketing their services to their potential audience. To accomplish this, service providers must first identify the needs of their client population, and second develop and promote their programs based on client needs. Data from a state-funded alcoholism prevention program focusing on families are used to illustrate the application of marketing principles to prevention services.

Successful recruitment for family-oriented prevention services also depends upon reliable information about family and community needs and the extent to which these needs can be met by programs. As a way of providing needs or marketing information, our evaluation research team conducted a telephone survey of community residents. The survey focused on three questions: (1) Do community residents perceive alcoholism and drug abuse as problems that can and should be prevented? (2) Would community residents be interested in family-oriented prevention programs and would they atten these programs? (3) How might these prevention programs be improved to increase public interest and attendance? Survey data confirmed the importance of family-oriented approaches to the prevention of alcoholism and drug abuse and provided valuable marketing information for

researchers and service providers.

Method

A telephone needs assessment survey was for the Family Resource Center of Lewiston, Idaho, by the Social Research Center at Washington State University. The Social Research Center was already conducting summative and process evaluations of three family-oriented alcoholism prevention programs being offered by the Family Resource Center: Since You Care Parenting Skills Workshops, Drug Facts Workshops, and Puppet Company presentations. The marketing needs assessment surveys were conducted by a staff of telephone interviewers trained by the Social Research Center.

One hundred fifty respondents were randomly sampled from the most current Lewiston, Idaho telephone directory using the technique for random sampling as described in Dillman (1978). One male or female adult participant was selected to participate from each such household sampled. Selection of the sex of the respondent in each household was predetermined by a random selection procedure. Half of the respondents sampled were male and half were female. An 81 percent response rate was achieved (N=95), after disconnected telephone numbers, and respondents who could not be reached after repeated attempts, were discarded from the sample.

Survey questions were drawn up by the investigators, and were pilot tested. All questions in the survey were closed-ended, but also included an "other" category. A "Don't Know" response category was also used when neutral prompts failed to get a response from the client other than "don't

know".

Respondents were asked three types of questions. They were asked general questions about the severity of alcoholism and drug problems among youth in their community, their views of the importance of prevention and treatment, and about the perceived need for prevention services. They were also asked questions designed to assess responsibility for alcoholism and drug abuse prevention, how well informed they were about knowing how to handle alcohol and drug problems, and where respondents would go for help if these problems occurred in their families.

Part two of the questionnaire investigated respondents' views about specific alcoholism and drug abuse services, including puppet shows for children, information and facts workshops for adults, and two-day parent training sessions on improving communication and coping skills in the family. Questions about how workshops could be best scheduled and advertised, and about respondents' likelihood of attending the workshops were also included. Finally, demographic questions about age, number of children and their ages, marital status, ethnic origin, and occupation were asked. The entire telephone survey required just over ten minutes to complete.

Results

Two-thirds of the respondents stated that alcoholism and drug abuse were serious or very serious problems (66.3% and 67.4%, respectively), among youth in their community. Eighty-eight and ninety-four percent of

the respondents viewed alcoholism and drug abuse, respectively, as at least a somewhat serious problem among youth.

Respondents overwhelmingly viewed prevention of alcoholism and drug abuse as more important than treatment (75%), while another eighteen percent viewed prevention and treatment as equally important. More than ninety percent of the respondents stated that there was a need for alcoholism and drug abuse prevention services in their community.

When asked about responsibility for preventing alcoholism and drug abuse among children, four-fifths (80.4%) of the respondents stated that parents were most responsible. Sixty-five percent of the respondents stated that alcoholism could be prevented most effectively in the home.

Community respondents were both interested in and likely to attend proposed prevention programs. Eighty-six percent were somewhat or very interested in a one-hour puppet show for children. Ninety-one percent were somewhat or very interested in a two-hour presentation for adults on information about alcohol and drug abuse. Eighty-five percent of the respondents stated that they were somewhat or very interested in a two-day workshop for parents on improving communication and coping skills in the family. An average of sixty-one percent stated that they were very likely or somewhat likely to attend information or parenting workshops, 64 percent for the former, and 59 percent for the latter.

Analyses of variance indicated that those most likely to report that they will attend prevention programs include married individuals, and those with children. No differences were found between males and females with regard to willingness to attend, nor were differences found among

occupational categories. The results indicated, however, that the probability of attendance at alcoholism and drug abuse information workshops could be increased by offering child care, by having regional experts present information, and when parents became aware of alcohol and drug problems among their own children.

Discussion

This survey provided information about alcoholism and drug abuse prevention needs as well as other types of useful marketing information for the evaluation research team and the providers of prevention services. Contrary to findings reported by Dolan (1974), our respondents clearly distinguished between prevention and treatment, and viewed prevention as more important than treatment. Respondents in our study also identified parents as being most responsible for alcoholism prevention, another finding contrary to that reported by Dolan (1974). Respondents almost unanimously cited the need for prevention services. This finding, together with that emphasizing parental responsibility for alcoholism and drug abuse prevention supports the validity of family or parent-oriented approaches to prevention.

Other marketing information provided by the survey will be useful for program planning and service delivery. For instance, the survey obtained reliable information about community interest in three types of alcohol and drug-related interventions, about client prospects, about workshop format, and about the timing of prevention programs. Information about promotion

and advertising of programs was also obtained. Specifically, we found that the two types of promotion that had been used for earlier workshops were rated as least effective by respondents. We also asked questions about incentives that might be made available to workshop participants and found that having day care available would increase respondents' probability of attending. An interesting additional finding was that respondents identified professionals such as ministers, priests and doctors as their preferred sources of information if they suspected that one of their children might have a problem with alcohol or drugs. Respondents also stated that having experts offer prevention programs would significantly increase their probability of attendance. These findings imply that enlisting the support of local clergy and physicians would increase interest in prevention programs that were being offered.

Based on our survey data we have been able to identify community alcoholism and drug abuse prevention needs, gauge interest and support for family-oriented prevention programs, and identify community needs with regard to delivery of such services. These inexpensive marketing techniques offer many benefits. They provide reliable information for planning and delivery of services. Therefore, program design can be systemmatic rather than serendipitous.

Prevention programs are often more costly than treatment programs. Orford (1982) has suggested that the lack of clear goals and the non-specific nature of many prevention programs contributes to the problem. Planned market research can help service providers prioritize goals, since these are necessary for survey design, and can help in obtaining

information which will aid in program design.

Marketing is, of course, much more than needs assessment and market research. It is a comprehensive and dynamic process affecting markets, products, consumers, and producers (Kotler, 1979), and must continue beyond the market research stage for programs to be really market oriented. Although marketing has achieved wide respectability in the nonprofit sector, to our knowledge it has not been applied to human services organizations and programs. Our research has demonstrated that the marketing approach offers too many benefits to be ignored. The interesting thing about marketing is that all organizations do it, whether they are aware of it or not. Those that are aware of it, however, may be more successful than those that are unaware.

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